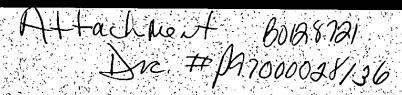
FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jul 11, 2002 8:00 am P97000028136 Secrétary of State DOCUMENT # 1. Entity Name 07-11-2002 90251 029 ***150.00 FLORIDA FIRST ENTERPRISE GROUP, INC. Principal Place of Business Mailing Address 2105 SE 32ND ST 2105 SE 32ND ST **OCALA FL 34471** OCALA FL 34471 US US 2. Principal Place of Business W NW A DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3442311 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent STERMER, ROBERT A Street Address (P.O. Box Number is Not Acceptable) 8585 SW SR 200 SUITE 9 · OCALA FL 34481 City Zip Code 8. The above named antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept SIGNATURE (NOTE: Registered Agent signature required when reinstating) name of registered agent and title if applicable FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees \Box Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change Addition TITLE PD ☐ Delete TITLE WATTLES, BRETT B NAME NAME STREET ADDRESS 2105-SE-32ND-STREET STREET ADDRESS 200 AMO OCALA FL 34171 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the corporation or the receiver of the corporation or the receiver of the corporation of the corporation of the receiver of the receiv

Date

changed, or on an attachment

SIGNATURE:





Florida First Enterprise Group, Inc.

July 9, 2002

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

To Whom It May Concern:

After speaking with your representative in Tallahassee, I am hereby requesting a modified payment amount reflecting the initial fee of \$150.00 versus the penalty fee of \$550.00. The reason for this request is that I have moved since the filing of my last report.

It appears your office was provided my new address by the post office based upon the envelope containing this notice. I do apologize for not remembering to advise you of my change of address, but frankly, I did not have it on my list of contacts.

As advised, my payment in the amount of \$150.00 is enclosed, and I thank you in advance for your favorable consideration of my request. Please contact me if you have any questions.

Sincerely.

Brett B. Wattles President